

FEE CALCULATION SHEET  
(FOR USE WITH FORM PRO-875)

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/											
2												
3												
4												
5												
6												
7	/											
8												
9												
10												
11												
12												
13												
14												
15												
16												
17	/											
18												
19												
20	/											
21												
22	/											
23												
24	/											
25												
26												
27	/											
28												
29	/											
30	/											
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	9											
TOTAL DEP.	21											
TOTAL CLAIMS	30											

BEST AVAILABLE COPY